

6 Feb 98

## APPENDIX A

## PERSONAL AWARD RECOMMENDATION

ENSURE ALL BLOCKS ARE FILLED IN, SIGNED AND DATED.

|   |   |  |   |
|---|---|--|---|
| FROM:<br>ADDRESS: Deputy Commander, Naval Security Group<br>Command   |   | TO: (Awarding Authority) ADDRESS: UIC/RUC: N00069<br>Commander, Naval Security Group Command   |   |
| COMMAND POC: Jerry Becklehimer  |   | PHONE # (301) 617-3641   |   |
| 1. SOCIAL SECURITY NUMBER<br>000-00-0000  |   | 2. DESIG/NEC/MOS<br>9125   |   |
| 3. NAME (Last, first, MI)<br>DOE, John J.   |   | 14. EXP. OF ACTIVE DUTY 20 DEC 00  |   |
| 4. COMPONENT (USN, USMC, etc.)<br>USN   |   | 15. EST. DETACHMENT DATE (Only complete if transferring)<br><input type="checkbox"/> RETIREMENT <input type="checkbox"/> TRANSFER <input type="checkbox"/> TERMINAL LEAVE                          |   |
| 5. GRADE/RATE<br>CTRCS  |   | 16. NEW DUTY STATION (Home address if separation anticipated)<br>(Only complete if individual is under orders)<br>ADDRESS:   |   |
| 6. WARFARE DESIGNATOR<br>SW   |   | 7. UIC/RUC:<br>62891   |   |
| 8. RECOMMENDED AWARD<br>(See instruction #3 on back)<br>NC  |   | 9. SPECIFIC ACHIEVEMENT<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   |   |
| 10.<br><input type="checkbox"/> HEROIC <input checked="" type="checkbox"/> MERITORIOUS <input type="checkbox"/> POSTHUMOUS <input type="checkbox"/> MIA |   | 19. PREVIOUS PERSONAL DECORATIONS AND PERIOD<br>RECOGNIZED (exclude Purple Heart and Combat Action Ribbon)<br>NA - Jun 86-Jul 89<br>NA - Aug 89-Jan 91<br>NC - Jan 91-Aug 93<br>NC - Aug 93-Jun 95 |   |
| 11. NUMBER OF AWARD OF RECOMMENDED MEDAL<br>THIRD   |   | 20. PERSONAL AWARDS RECOMMENDED-NOT YET APPROVED<br>None   |   |
| 12. ACTION DATE/MERITORIOUS PERIOD<br>AUG 97 (change year as appropriate)   |   | 21. OTHER PERSONNEL BEING RECOMMENDED FOR SAME ACTION<br>None  |   |
| 13. GEOGRAPHIC AREA OF ACTION/SERVICE<br>LANTFLT  |   | 22. I certify that the facts contained in the summary of action are <input type="checkbox"/> known to me <input checked="" type="checkbox"/> a matter of record                                    |   |
| NAME, GRADE, TITLE OF ORIGINATOR<br>(Leave Blank)   |   | SIGNATURE  |   |
|   |   | DATE   |   |
| 23. FORWARDING ENDORSEMENTS BY VIA ADDRESSEE(S). (Attach additional sheets only as necessary)   |   |  |   |
| VIA   | COMMAND<br>(To be completed by originator)                  | RECOMMENDED<br>AWARD   | COMBAT<br>"V"   |
| 1   |   |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| 2   |   |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| 3   |   |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| 24. TO BE COMPLETED BY AWARDING AUTHORITY   |   |  |   |
| DISPOSITION OF BASIC<br>RECOMMENDATION  | COMBAT<br>"V"   | EXTRAORDINARY<br>HEROISM<br>RECOMMENDED  | SIGNATURE, GRADE, TITLE                                     |
|   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO   | DATE<br>APPROVED  |
| FOR USE OF NDBDM ONLY   |   |  |   |
| FROM: SECNAV (NDBDM)  |   |  | DATE:   |
| TO: CNO (NO9B33) CMC (CODE MHM)   |   |  |   |
| 1. Extraordinary heroism recommended <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA                               |   |  |   |
| 2. Reviewed and recorded  |   |  | By direction  |